

The Breast Cancer Core Questionnaire: Self-Administered Form

Check the answer or write your answer in the space provided.

1. Your birth date.

/___/___/ /___/___/ /___/___/
(Month) (Day) (Year)

2. Your race or ethnic group. (Check all the groups that you belong to.)

- ☐ White or European-American
- ☐ Black, African American or African Ancestry
- ☐ Latina/Latino or Hispanic (not including European Spanish or Portuguese)
- ☐ American Native, Alaskan Native, or Indigenous People
- ☐ Asian or Pacific Islander
- ☐ Other (SPECIFY:_____)

3. Your current marital status.

- ☐ now married
- ☐ living together with a partner
- ☐ widowed
- ☐ divorced
- ☐ separated
- ☐ never married
- ☐ single

4. How often, if ever, do you participate in religious or spiritual activities?

- Number of times:_____ per (Check one)
- ☐ day
 - ☐ week
 - ☐ month
 - ☐ year
- ☐ I never participate in religious or spiritual activities

5. How often do you attend religious or spiritual services?

- Number of times:_____ per (Check one)
- ☐ day
 - ☐ week
 - ☐ month
 - ☐ year
- ☐ I never attend religious or spiritual services.

6. Have you ever been a full-time homemaker or housewife?

- ☐ Yes ----> How old were you when you started being a full-time homemaker? _____
(Years old)
- ☐ No (Go to 8)

7. Are you still a full-time homemaker?

- ☐ Yes (Go to 8)
- ☐ No----> How old were you when you stopped being a full-time homemaker? _____
(Years old)

8. What was the longest paying job that you have held?

(Job)

9. What type of work did you do on that job?

(Type of work)

10. What materials and chemicals did you use on that job?

(Materials and Chemicals)

11. Did you work after midnight on that job at least four days a month?

- ☐ Yes
- ☐ No

12. What sort of business or industry was that job in (that is, what did they make or do)?

(Business or Industry)

13. What was the **next** longest paying job that you have held?

(Job)

14. What type of work did you do on that job?

(Type of work)

15. What materials and chemicals did you use on that job?

(Materials and Chemicals)

16. Did you work after midnight on that job at least four days a month?

☐ Yes

☐ No

17. What sort of business or industry was that job in (that is, what did they make or do)?

(Business or Industry)

18. What is your current job?

(Current Job)

19. Have you ever been pregnant? ☐

Yes--->20.How many times
were you pregnant?_____ ---> d
(Number of pregnancies)

21. How old were you _____
during your first pregnancy? _____
(Age, 1st pregnancy)

☐ No (Go to 23)

22. How many pregnancies were:

live single births ____/____ --->
multiple births,
at least one live ____/____

Did you breastfeed
any of these ---->☐ Yes ---->
----> babies? ☐ No

How long did you
breastfeed **each** baby?
(If you did not
breastfeed a baby,
write 0.)

<u>Baby</u>		
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
5th	_____	_____
6th	_____	_____
7th		_____
8th	_____	_____
9th	_____	_____
10th	_____	_____

multiple births, _____/_____
none living _____/_____

stillbirths /

miscarriages ____/____

induced abortions____/____

ectopic or tubal ____/____

23. How old were you when you had your first monthly period? _____ ----> (Years old)
- ☐ Never had a monthly period (Go to 26)
- How old were you when your monthly periods became regular? That is, you could predict one week before your next monthly period would begin, and you were not using birth control pills, shots, or implants like Norplant. _____ (Years old)
- ☐ Never been regular

24. Days in your monthly cycle:

	How often did you have your menstrual period? (Circle one answer for each decade.)	How many days did you have to wear a pad, tampon or other protection?
In your teens?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/__/_/ (# pad days)
In your 20s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/__/_/ (# pad days)
In your 30s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/__/_/ (# pad days)
In your 40s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/__/_/ (# pad days)

25.	Do you still have your monthly periods? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes ---> <input type="checkbox"/> No ---> </div>	When was your last monthly period? <div style="text-align: center; margin-top: 10px;"> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; font-size: 0.8em;"> (Month) (Year) </div> </div>	(Go to 26.) <div style="margin-top: 100px;"> <div style="display: flex; justify-content: space-between;"> When was your last monthly period? Why did your monthly periods stop? (Check One) </div> <div style="text-align: center; margin-top: 10px;"> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; font-size: 0.8em;"> (Month) (Year) </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> pregnant or nursing <input type="checkbox"/> change of life or menopause <input type="checkbox"/> surgery <input type="checkbox"/> medicine <input type="checkbox"/> radiation </div> </div>
26.	Did you ever have regular sexual relations without becoming pregnant? <small>(Regular = one or more times a week)</small>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes ---> <input type="checkbox"/> No (Go to 27) </div>	Did you use birth control? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
27.	Have you ever taken birth control pills? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes ---> <input type="checkbox"/> No (Go to 28) </div>	How old were you when you first took birth control pills? <div style="text-align: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="font-size: 0.8em;">(Years old)</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Are you still taking birth control pills? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes (Go to 28.) <input type="checkbox"/> No ---> </div> </div> <div style="width: 45%;"> How old were you when you stopped? <div style="text-align: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="font-size: 0.8em;">(Years old)</div> </div> </div> </div>
28.	Have you ever taken or are you now taking hormone replacement therapy? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

29. Has a doctor ever told you that you have breast cancer? ☐ Yes
☐ No

30. Have any of your female blood relatives had breast cancer? ☐ Yes ---> ☐ No (Go to 31)

What is their relationship to you?
(CHECK ALL THAT APPLY)

☐ Sister ☐ Half-Sister
☐ Mother ☐ Aunt
☐ Daughter

Did you do **strenuous** exercise or sports (basketball, jump rope, running, jogging, swimming laps, bicycling on hills):

31. In high school?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 32)								
32. Between ages 18 to 24?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 33)								
33. Between ages 25 to 34?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 34)								
34. Between ages 35 to 44?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 35)								
35. Between ages 45 to 54?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 36)								

If you are 55 or older, did you do **strenuous** exercise or sports (basketball, jump rope, running, jogging, swimming laps, bicycling on hills):

36. During the past 3 years?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 37) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

Did you do **moderate** exercise or sports (brisk walking, golf, volleyball, bicycling, softball, dancing, gardening):

37. In high school?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 38) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

38. Between ages 18 to 24?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 39) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

39. Between ages 25 to 34?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 40) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

40. Between ages 35 to 44?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 41) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

41. Between ages 45 to 54?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 42) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

If you are 55 or older, did you do **moderate** exercise or sports (brisk walking, golf, volleyball, bicycling, softball, dancing):

42. During the past 3 years? ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
☐ No (Go to 43) (Months per year)

43. If "yes" to one or more of questions 31-42:

List the exercises, sports and activitie:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

44. In the **past year**, on average, how many hours per day did you spend in each of the following

	(Check one)	None	½	1-1½	2	3	4-6	7-10	11 or more
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically demanding work on the job (carrying, digging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Have you smoked at least 100 cigarettes or cigars in your entire life?

- ☐ Yes, and I currently smoke
- ☐ Yes, but I don't now
- ☐ No

46. Have you ever chewed tobacco?

- ☐ Yes, and I still do
- ☐ Yes, but I don't now
- ☐ No

The next questions ask about foods you usually eat. (Usually = one time a year for five or more years)
Starting from when you were 13 until now, do you **usually** eat: (Answer yes or no for each question.)

- | | | | | |
|-----|-----------------------------------|---|--|---|
| 47. | Ground beef? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 48) | How often? _____
(Number of times) per <input type="checkbox"/> day | (Check one)
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 48. | Beef, such as steak or roasts? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 49) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 49. | Pork or lamb? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 50) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 50. | Chicken? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 51) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 51. | Hot dogs, not including sausages? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 52) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--|---|---|---|
| 52. | Cold cuts, including ham, lunch meats? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 53) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 53. | Bacon? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 54) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 54. | Sausage? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 55) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 55. | Canned tuna? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 56) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 56. | Other fish? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 57) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--------------------------------------|---|---|---|
| 57. | Eggs? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 58) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 58. | Peanut butter and other nut butters? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 59) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 59. | Mayonnaise and Miracle Whip? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 60) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 60. | Salad dressings? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 61) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 61. | Margarine? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 62) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--------------------------------------|---|---|---|
| 62. | Butter? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 63) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 63. | Sour cream? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 64) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 64. | Fats in cooking? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 65) | How often? _____
(Number of times) per | <input type="checkbox"/> day
(Check one)
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 65. | Olives? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 66) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 66. | Cheese, cheese spread, cream cheese? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 67) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--|---|---|---|
| 67. | Crackers? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 68) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 68. | Chips, including potato chips,
corn chips, tortillas? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 69) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 69. | Popcorn? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 70) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 70. | Ice cream, milkshakes? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 71) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 71. | Doughnuts? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 72) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|---------------------|---|---|---|
| 72. | Cookies? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 73) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 73. | Pastries? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 74) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 74. | Cake? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 75) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 75. | Granola cereal? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 76) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 76. | Macaroni and cheese | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 77) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|------------------|---|---|---|
| 77. | Pizza? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 78) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 78. | French fries? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 79) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 79. | Cooked broccoli? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 80) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 80. | Raw broccoli? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 81) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 81. | Sauerkraut? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 82) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|-----------------------------------|---|---|---|
| 82. | Cooked cabbage? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 83) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 83. | Raw cabbage, including cole slaw? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 84) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 84. | Pickled vegetables? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 85) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 85. | Cooked cauliflower? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 86) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 86. | Raw cauliflower? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 87) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

87. Cooked brussels sprouts? ☐ Yes ---> ☐ No (Go to 88) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

88. Cooked mustard greens, spinach, kale, or collard greens? ☐ Yes ---> ☐ No (Go to 89) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

89. Avocado, including guacamole? ☐ Yes ---> ☐ No (Go to 90) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

90. Raw watercress? ☐ Yes ---> ☐ No (Go to 91) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

91. List addresses and other information for places you have lived starting when you were 13-years-old.

<p>Address when 13-years-old</p>	<p>Street _____ Apt. # _____</p> <p>County _____</p> <p>City, Town _____ State _____ Zip/Zone _____</p>	<p>Age when you moved there</p> <p>_____ Age _____</p>	<p>Age when you moved away from there</p> <p>_____ Age _____</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>
<p>Next address where you lived</p>	<p>Street _____ Apt. # _____</p> <p>County _____</p> <p>City, Town _____ State _____ Zip/Zone _____</p>	<p>Age when you moved there</p> <p>_____ Age _____</p>	<p>Age when you moved away from there</p> <p>_____ Age _____</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>

<p>Next address where you lived</p>	<p>_____ Apt. #</p> <p>_____</p> <p>County</p> <p>_____</p> <p>City, Town State Zip/Zone</p>	<p>Age when you moved there</p> <p>_____</p> <p>Age</p>	<p>Age when you moved away from there</p> <p>_____</p> <p>Age</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify):_____</p> <p>_____</p>
<p>Next address where you lived</p>	<p>_____ Apt. #</p> <p>_____</p> <p>County</p> <p>_____</p> <p>City, Town State Zip/Zone</p>	<p>Age when you moved there</p> <p>_____</p> <p>Age</p>	<p>Age when you moved away from there</p> <p>_____</p> <p>Age</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify):_____</p> <p>_____</p>

Next address where you lived	<div> <div>_____</div> <div>StreetApt. #</div> <div>_____</div> <div style="text-align: center;">County</div> <div>_____</div> <div>City, TownStateZip/Zone</div> </div>	Age when you moved there <div style="text-align: center;">_____ Age</div>	Age when you moved away from there <div style="text-align: center;">_____ Age</div>	Source of drinking water at this address (Check all that apply) <div style="margin-top: 10px;"> <input type="checkbox"/> Municipal Public Water Supply </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Private Well </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Community Well </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Rainwater/Cistern </div> <div style="margin-top: 10px;"> <input type="checkbox"/> River/Lake/Pond </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Spring/Bottled Water </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other (specify): _____ _____ </div>
If you have lived in more than five residences since you were 13, use a continuation sheet.				

CONTINUATION SHEET

Next address where you lived		Age when you moved there	Age when you moved away from there	Source of drinking water at this address (Check all that apply)
	_____ Street	_____ Age	_____ Age	<input type="checkbox"/> Municipal Public Water Supply
	_____ County			<input type="checkbox"/> Private Well
	_____ City, Town State Zip/Zone			<input type="checkbox"/> Community Well
				<input type="checkbox"/> Rainwater/Cistern
				<input type="checkbox"/> River/Lake/Pond
				<input type="checkbox"/> Spring/Bottled Water
				<input type="checkbox"/> Other (specify):_____

Since you were 13-years-old, did you live anywhere that was within ½ mile of these places: (Note: ½ mile = 6 blocks)
(Answer yes or no for all questions.)

	Yes	No
92. Dump or landfill?	<input type="checkbox"/>	<input type="checkbox"/>
93. Hazardous waste site?	<input type="checkbox"/>	<input type="checkbox"/>
94. Airport?	<input type="checkbox"/>	<input type="checkbox"/>
95. Farm?	<input type="checkbox"/>	<input type="checkbox"/>
96. Nursery or greenhouse?	<input type="checkbox"/>	<input type="checkbox"/>
97. Golf course?	<input type="checkbox"/>	<input type="checkbox"/>
98. Railroad track that was used by trains?	<input type="checkbox"/>	<input type="checkbox"/>
99. Gas station?	<input type="checkbox"/>	<input type="checkbox"/>
100. Medical incinerator?	<input type="checkbox"/>	<input type="checkbox"/>
101. Quarry?	<input type="checkbox"/>	<input type="checkbox"/>
97. Factory or industrial plant?	<input type="checkbox"/>	<input type="checkbox"/>

Since you were 13-years-old, have you or anyone else used pesticides or chemicals around your house, yard, garden, or animals for these pests: (Answer yes or no for all questions.)

	Yes	No
102. Ants, carpenter ants, cockroaches?	<input type="checkbox"/>	<input type="checkbox"/>
103. Bees or wasps?	<input type="checkbox"/>	<input type="checkbox"/>
104. Flies or mosquitos?	<input type="checkbox"/>	<input type="checkbox"/>
105. Moths, silverfish, or caterpillars?	<input type="checkbox"/>	<input type="checkbox"/>
106. Mice, rats, gophers, or moles?	<input type="checkbox"/>	<input type="checkbox"/>
107. Fleas or ticks?	<input type="checkbox"/>	<input type="checkbox"/>
108. Termites?	<input type="checkbox"/>	<input type="checkbox"/>
109. Lice?	<input type="checkbox"/>	<input type="checkbox"/>
110. Weed killers?	<input type="checkbox"/>	<input type="checkbox"/>
111. Lawn insects?	<input type="checkbox"/>	<input type="checkbox"/>
112. Tree insects?	<input type="checkbox"/>	<input type="checkbox"/>
113. Garden insects?	<input type="checkbox"/>	<input type="checkbox"/>
114. Spiders?	<input type="checkbox"/>	<input type="checkbox"/>